

## Request for an Inspection of a Rebuilt Motor Vehicle

**Attn: Salvage Unit**

Dept. of Revenue/Motor Vehicle Division  
 PO Box 740384  
 ATLANTA, GA 30374-0384

This is to request that the rebuilt vehicle described below be inspected. If this vehicle is eligible for a Georgia title and it passes your inspection, please authorize the issuance of a certificate of title.

Vehicle Information	
Year & Make of Vehicle	Vehicle Identification Number
Owner Information	Georgia Tax Numbers
Vehicle Owner(s)' Name(s)	Sales Tax #
Street Address	Withholding Tax #
City, State & Zip	Telephone Numbers
	Home Telephone # Including Area Code
Vehicle Location	
Vehicle Location (Residence or Business Name)	Work Telephone # Including Area Code
Street Address	Contact Person
City, State & Zip	Person's Name to Contact Regarding Inspection

I understand that it is my responsibility, as the applicant, to have the vehicle available for inspection during regular business hours, 8:00 a.m. to 4:45 p.m. Monday through Friday, excluding state holidays, unless otherwise instructed by an MVD Inspector. I also understand that a \$100 inspection fee must be paid to the Department of Revenue each time the vehicle is inspected. I have listed two (2) telephone numbers where I, or someone else who is familiar with the vehicle, can be reached in order to schedule an appointment to have the vehicle inspected. If the Inspector is unable to reach me or my contact person by telephone at the telephone numbers listed above, MVD will place all received documents in file and will mail a letter to me at my home address shown above requesting that I contact the Inspection Unit of the Motor Vehicle Division to schedule an appointment to have the vehicle inspected.

Owner's Signature	
Owner's Signature:	Date:
For Department's Use Only	
Salvage Clerk's Signature	Date: